

Screening for Acquired Brain Injury & Next Steps



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Objectives

- Utilize the OSU-TBI screening measure, including additional items for ABI screening.
 - Define why screening is important
- Identify various types of Acquired Brain Injuries (ABI).
- Practice using the screening measure with 3 case scenarios
- Highlight proper referral processes and next steps after screening.

Disclaimers

- This is **NOT** a diagnostic tool, it is simply a screening tool for brain injury.
 - Diagnosis can come from a licensed and qualified professional.
- This measure, and the results of this measure, do **NOT** inform the screener if the individual has a disability associated with his/her brain injury and if so, how the disability may affect the individual being screened.
 - Someone with a possible moderate-severe BI might not experience any long-term effects as a result, or may not have awareness of any effects.
 - Someone with a mild TBI might have a disability.
- Initial severity does **NOT** predict disability!

Why is Screening Important?

- Because you likely have clients who have suffered a brain injury and you don't know it yet!
- Why don't you know?
 - ABIs are usually not visible disorders,
 - People with ABI often:
 - Don't know that they have sustained a brain injury
 - Don't remember that they have a ABI
 - Or don't think it is relevant to report their history of ABI
 - People with ABI may not be aware of residual impairments that affect their functioning (anosognosia)
 - We don't routinely ask
 - Documentation may be lacking in medical records

Tips for Administration

- Sit across from the individual in a distraction free environment.
- Whenever possible, establish a positive rapport with the individual as it will yield more accurate results.
- Don't be afraid to ask questions.
- Record the data, and when completed, review your scoring to ensure accuracy.

OSU-TBI-ID

- Originally published in 2007 by John Corrigan, PhD
- A standardized procedure for eliciting **lifetime** exposure to TBI via a structured interview
- Strong psychometric properties
- *See here for more info:*
 - *Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329.*

Why “Lifetime Exposure”

- Some TBI’s are mild- some are severe.
- Sometimes people have multiple TBIs over their lifetime.
- TBI is a risk factor for another TBI
 - Once you have one TBI, you are 3 times more likely to have another....
- OSU TBI ID seeks to quantify the overall lifetime exposure to potentially multiple TBIs and their severity.
 - Ex. Physical abuse as a child, several car accidents throughout life, multiple concussions from sports, physical altercations while growing up, etc.

Ohio Valley Center for Brain Injury Prevention and Rehabilitation

- Web-based Training Module: TBI Identification Method may be viewed on this site
 - CEUs available here also
- Can find information on “Background for the OSU TBI Identification Method” and “Federally Funded Projects Using OSU TBI-ID” there as well
 - <http://ohiovalley.org/informationeducation/screening/index.cfm>



Clinical and Research Resources for OSU TBI-ID

- We utilize an adapted version of the OSU TBI-ID Short Version because:
 - For clinical, research or programmatic purposes
 - It can typically be administered in 5 minutes
 - It can be used free of charge, and
 - It can be used without further permission from the authors as long as no changes are made to the provided version.
- <http://ohiovalley.org/tbi-id-method/>

Adapted ABI items

- Introduced as a supplement to aid in identification of non-traumatic brain injury
 - Stroke/Bleed
 - Loss of oxygen
 - Lightning/electrocution
 - Infection
 - Tumor
 - Brain surgery
 - Toxic exposure

Name: _____

Current Age: _____

Interviewer Initials: _____

Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

NO YES—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

NO YES—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

NO YES—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

NO YES—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

NO YES—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 1 Cause	Step 2 Loss of consciousness (LOC)/knocked out			Dazed/Mem Gap		Age
	No LOC	< 30 Min	30 Min-24 hrs	Yes	No	

If more injuries with LOC: How Many? _____ Longest knocked out? _____ How many > 30 mins? _____ Youngest age? _____

Step 3 Cause of repeated injury	Typical Effect		Most Severe Effect			Age		
	Dazed/memory gap, no LOC	LOC	Dazed/memory gap, no LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs	Begin	Ended

Step 4 Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

Step 3

Interviewer instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect— were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 4

Interviewer instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

8. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".

NO YES—Record cause in chart

9. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

NO YES—Record cause in chart

10. Have you ever been electrocuted or struck by lightning?

NO YES—Record cause in chart

11. Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".

NO YES—Record cause in chart

12. Have you ever had a tumor in your brain?

NO YES—Record cause in chart

13. Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

NO YES—Record cause in chart

14. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

NO YES—Record cause in chart

Step 1

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University Identification Method + ABI — Interview Form

Step 1

Interviewer Instruction:
Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
 NO YES—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
 NO YES—Record cause in chart

Interviewer Instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer Instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer Instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect -- were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOQ)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 4

Interviewer Instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".
 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.
 NO YES—Record cause in chart
- Have you ever been electrocuted or struck by lightning?
 NO YES—Record cause in chart
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?
 NO YES—Record cause in chart
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.
 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.
 NO YES—Record cause in chart

Step 1	Step 2				Dazed/Mem Gap		Age
Cause	Loss of consciousness (LOC)/knocked out				Yes	No	
	No LOC	< 30 Min	30 Min-24 hrs	> 24 hrs			

If more injuries with LOC How Many? _____ Longest knocked out? _____ How many > 30 mins? _____ Youngest age? _____

Step 3	Typical Effect		Most Severe Effect			Age	
Cause of repeated injury	Dazed/memory gap, no LOC	LOC	Dazed/memory gap, no LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs	Began
							Ended

Step 4	Medication (Y/N)	Hospitalization (Y/N)	Age

Step 1

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

Yes – Record cause in chart

No

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or ATV?

Yes – Record cause in chart

No

Step 1

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

Yes – Record cause in chart

No

Step 1

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

Yes – Record cause in chart

No

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

Yes – Record cause in chart

No

Step 2

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

 NO YES—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

 NO YES—Record cause in chart

Interviewer Instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer Instructions:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer Instructions:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect—were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 4

Interviewer Instructions:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".

 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

 NO YES—Record cause in chart
- Have you ever been electrocuted or struck by lightning?

 NO YES—Record cause in chart
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".

 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?

 NO YES—Record cause in chart
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

 NO YES—Record cause in chart

Step 1						
Cause	Loss of consciousness (LOC)/knocked out			Dazed/Mem Gap		Age
	No LOC	30 Min	30 Min-24 hrs	> 24 hrs	Yes	

If more injuries with LOC How Many? _____ Longest knocked out? _____ How many > 30 mins? _____ Youngest age? _____

Step 2		Typical Effect			Most Severe Effect			Age	
Cause of repeated injury	Dazed/necessary gap, no LOC	LOC	Dazed/necessary gap, no LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs	Begin	Ended	

Step 4			
Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

Step 2

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 1 Cause	Step 2 Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
	No LOC	< 30 Min	30 Min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How Many? _____ Longest knocked out? _____ How many ≥ 30 mins.? _____ Youngest age? _____

Step 3

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Interviewer Instruction:
Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
 NO YES—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
 NO YES—Record cause in chart

Interviewer Instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer Instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer Instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect -- were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 4

Interviewer Instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct."
 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.
 NO YES—Record cause in chart
- Have you ever been electrocuted or struck by lightning?
 NO YES—Record cause in chart
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?
 NO YES—Record cause in chart
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.
 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.
 NO YES—Record cause in chart

Cause	Step 2			Duration	Gap	Age
	No LOC	< 30 Min	30 Min-24 hrs			

If more injuries with LOC: How Many? _____ Longest knocked out? _____ How many > 30 min? _____ Youngest age? _____

Cause of repeated injury	Typical Effect		Most Severe Effect			Age	
	Dazed/memory gap, no LOC	LOC	Dazed/memory gap, no LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs	Began

Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

Step 3

Step 3

Interviewer instruction:

Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect -- were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 3

Step 3	Typical Effect		Most Severe Effect			Age		
	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs.	Begin	Ended
Cause of repeated injury								

Adapted Items to assess ABI: Step 4

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Interviewer Instruction:
Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
 NO YES—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
 NO YES—Record cause in chart

Interviewer Instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer Instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer Instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect -- were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 4

Interviewer Instruction:
Ask the following questions to help identify other medical problems (Stroke, Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".
 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.
 NO YES—Record cause in chart
- Have you ever been electrocuted or struck by lightning?
 NO YES—Record cause in chart
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?
 NO YES—Record cause in chart
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.
 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.
 NO YES—Record cause in chart

Step 1		Step 2				Step 3		Step 4	
Cause	Age	Loss of consciousness (LOC)/knocked out			Dazed/Mem Gap		Hospitalization (Y/N)	Medication (Y/N)	Age
		No LOC	< 30 Min	30 Min-24 hrs	> 24 hrs	Yes			

Step 3		Typical Effect		Most Severe Effect			Hospitalization (Y/N)	Medication (Y/N)	Age
Cause of repeated injury	How many?	Dazed/memory gap, no LOC	LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs			

Step 4

8. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include “ruptured aneurysm” or “infarct”

No

Yes – Record cause in chart

9. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug/alcohol overdose, being choked/strangled, near-drowning, heart attack / heart stopping, breathing stopped, inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

No

Yes – Record cause in chart

Step 4

10. Have you ever been electrocuted or struck by lightning?

No

Yes – Record cause in chart

11. Have you ever had an infection in your brain? You may have heard the words “meningitis” or “encephalitis”

No

Yes – Record cause in chart

12. Have you ever had a tumor in your brain?

No

Yes – Record cause in chart

Step 4 continued

13. Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal

No

Yes – Record cause in chart

14. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide

No

Yes – Record cause in chart

Step 4

Step 4			
Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

SCORING CRITERIA

Scores will reflect both TBI (if applicable) and ABI (if applicable) below.

Classifying Worst TBI (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
POSSIBLE MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
POSSIBLE MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
POSSIBLE SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.

ABI (if applicable):

POSSIBLE ABI	If in response to Step 4, interview data reports "yes".
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When Scoring Step 4 Items

- We weigh those ABI questions in Step 4 differently than the first 3 TBI steps.
 - Only TBI severity is quantifiable by LOC...
- Score any Step 4 items marked as:
 - **POSSIBLE ABI**

ABI (if applicable):

POSSIBLE ABI	If in response to Step 4, interview data reports "yes".
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Case Example

Maria

- 51 year old Caucasian female.
- Completed 14 years of school and worked as property manager
- Possible undiagnosed and untreated injuries from parental abuse from toddler to 9th grade.
 - Unknown typical/most-severe effects
- Brain Injury (with brief LOC) in 8th grade from being assaulted by 5 females
- 2014 - Motorcycle accident:
 - Hospitalized
 - LOC was moderate, but less than 1 day
 - Memory and frontal lobe impairment; anosmia

Case Example Screening

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

 NO YES—Record cause in chart.
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

 NO YES—Record cause in chart.
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

 NO YES—Record cause in chart.
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

 NO YES—Record cause in chart.
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

 NO YES—Record cause in chart.

Interviewer Instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer Instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer Instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

Potential Abuse

If yes, what was the typical or usual effect — were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 4

Interviewer Instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".

 NO YES—Record cause in chart.
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

 NO YES—Record cause in chart.
- Have you ever been electrocuted or struck by lightning?

 NO YES—Record cause in chart.
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".

 NO YES—Record cause in chart.
- Have you ever had a tumor in your brain?

 NO YES—Record cause in chart.
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

 NO YES—Record cause in chart.
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

 NO YES—Record cause in chart.

Cause	Step 2			Step 3		Age
	No LOC	< 30 Min	30 Min-24 hrs	Yes	No	
MVA			X	X		48
Assault		X				13

If more injuries with LOC: How Many? _____ Longest knocked out? _____ How many < 30 mins? _____ Youngest age? _____

Cause of repeated injury	Typical Effect		Most Severe Effect			Began	Ended
	Dazed/memory gap, no LOC	LOC	Dazed/memory gap, no LOC	LOC < 30 min	30 Min-24 hrs		
Abuse			Unknown			3	15

Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

Real Results

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

 NO YES—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

 NO YES—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction:
If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 1 Cause	Step 2 Loss of consciousness (LOC)/knocked out			Dazed/Mem Gap		Age
	No LOC	< 30 Min	30 Min-24 hrs	> 24 hrs	Yes	No
3 motorcycle accident			X		X	48
4 Assault		X				57

If more injuries with LOC: How Many? ____ Longest knocked out? ____ How many ≥ 30 mins.? ____ Youngest age? ____

Step 3 Cause of repeated injury	Typical Effect		Most Severe Effects			Age	
	Dazed/mem gap, no LOC	LOC	Dazed/mem gap, no LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs	Begin
							Ended

Step 3

Interviewer instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 4

Interviewer instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "myocardial infarction".

 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

 NO YES—Record cause in chart
- Have you ever been electrocuted or struck by lightning?

 NO YES—Record cause in chart
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".

 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?

 NO YES—Record cause in chart
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

 NO YES—Record cause in chart

Step 4 Cause	Medical Treatment (Y/N)	Hospitalization (Y/N)	Age

Adapted from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. *J Head Trauma Rehabil*, 22(6):318-329. © Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation.

SCORING CRITERIA

Scores will reflect both TBI (if applicable) and ABI (if applicable) below.

Classifying Worst TBI (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
POSSIBLE MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
POSSIBLE MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
POSSIBLE SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.

ABI (if applicable):

POSSIBLE ABI	If in response to Step 4, interview data reports "yes".
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Practice Cases

- We have 3 case studies to practice together.
- We will review each case study and details described in order to be prepared to complete the screening form.
- We will complete the screening forms together and answer questions and clarify information accordingly.

Remember that this is a screening tool and not a diagnostic tool as you complete it and review your findings.

Case Example #1

James

- 57 y.o. Caucasian male- unmarried, worked in factory for 25+ years
- **1st TBI-** Had MVA in 2012
 - LOC for 5 minutes, reported mild chest pain at scene but refused medical attention.
- Returned to work following MVA
 - Complained of pain from ribs so saw PCP who ordered xrays – dx broken ribs- prescribed Oxycontin for pain.
- Began having difficulties at home and work:
 - Making errors on tasks, written up for these errors, balance and vision changes
 - Mood lability, Increasing irritability
- Key incident – threw hot coffee on a co-worker; escorted out of the building
- Lost job and use of Oxycontin increased. Filed for unemployment.
- Had 2nd MVA while under the influence of Oxycontin in 2013. NO LOC reported or medical f/u.
- Arrested for DUI. Probation officer did OSU screening. Potential mTBI determined.
- Sent for NY evaluation for Dx. Dx with mTBI and SUD.
- TBI assistance- Participating in speech, vision, vestibular, & neuropsychology rehabilitation therapies for the past year.
- Therapy team and social work at program working with SUD provider to collaborate to help James.

James's OSU-TBI-ID + ABI Rating

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

 NO YES—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

 NO YES—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Cause	Loss of consciousness (LOC)/knocked out			Dazed/Mem Gap		Age
	No LOC	< 30 Min	30 Min-24 hrs	Yes	No	
MVA		X				53
MVA	X					54

If more injuries with LOC How Many? _____ Longest knocked out? _____ How many < 30 mins, 7 _____ Youngest age? _____

Step 3

Interviewer instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

No

If yes, what was the typical or usual effect—were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended? _____

Cause of repeated injury	Typical Effect		Most Severe Effect			Begin	End
	Dazed/memory gap, no LOC	LOC	Dazed/memory gap, no LOC	LOC < 30 min	30 Min-24 hrs		

Step 4

Interviewer instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".

 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

 NO YES—Record cause in chart
- Have you ever been electrocuted or struck by lightning?

 NO YES—Record cause in chart
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".

 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?

 NO YES—Record cause in chart
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

 NO YES—Record cause in chart

Step 4

Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

SCORING CRITERIA

Classifying Worst Injury (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.
POSSIBLE ABI	If any responses are marked in Step 4 = YES.

Case Example #2

Mary

- 40 y.o. female
- History of “multiple” brain injuries
 - **1st TBI**- passenger in MVA- Age 8
 - LOC 10 minutes, Taken to ER and D/C home same day with mom.
 - Poor grades in elementary school and on.
 - Started drinking and substance use at age 12
 - **2nd TBI**- Hit as a pedestrian while intoxicated crossing the street- age 17
 - ICU- coma for 2 days, inpatient rehab (PT, OT, SLP) but no outpatient (no funding/insurance).
 - Mandated through court to SUD rehab. program.
 - **3-5 TBIs**- Multiple fights with hits to the head- Ages 12-20
 - No LOC any of the times but reports being dazed and vision changes. No medical care.
- Continued complaints
 - Long history of psychiatric issues including anger outbursts, multiple SUD relapses
 - Short-term memory problems
 - Poor social relationships
- Obtained an Associate’s Degree in 2011
- Very unstable work history

Marv's OSU-TBI-ID + ABI Rating

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

NO YES—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

NO YES—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

YES—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

NO YES—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

NO YES—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

Yes

If yes, what was the typical or usual effect—were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 4

Interviewer instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

8. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".

NO YES—Record cause in chart

9. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

NO YES—Record cause in chart

10. Have you ever been electrocuted or struck by lightning?

NO YES—Record cause in chart

11. Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".

YES—Record cause in chart

12. Have you ever had a tumor in your brain?

YES—Record cause in chart

13. Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

YES—Record cause in chart

14. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

YES—Record cause in chart

Cause	Step 2: Loss of consciousness (LOC)/knocked out				Step 3: Dazed/Mem Gap		Age
	No LOC	< 30 Min	30 Min-24 hrs	> 24 hrs	Yes	No	
MVA		X					8
Hit by car				X			17

Cause of repeated injury	Step 3: Typical Effect		Step 3: Most Severe Effect			Age	
	Dazed/mem gap, no LOC	LOC	Dazed/mem gap, no LOC	LOC < 30 min	30 Min-24 hrs		LOC > 24 hrs
Fights/assaults	X						12 20

Step 4: Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

SCORING CRITERIA

Classifying Worst Injury (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.
POSSIBLE ABI	If any responses are marked in Step 4 = YES.

Case Example #3

Fred

- 24 y.o. male
- Learning disorder diagnosis since childhood
- **1st ABI-** Reported oxygen loss during medical procedure at age 16.
 - Medicated and hospitalized, Had limited outpatient rehabilitation
- Dropped out of school at age 17
- Began using crystal meth.
- **2nd and 3rd ABI-** 2 overdoses at age 23
 - Friend used Zarcan to revive x 2
 - Did not go to hospital.
 - Short-term memory problems
 - Volatile temper
 - Poor social relationships
- Enlisted in Army after H.S.
- **4th and ... TBIs-** Several *repeat* blast injuries while on duty
 - Reported no LOC for these blasts but significant memory loss
 - Army medical evaluation led to D/C.

Fred's OSU-TBI-ID + ABI

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

 NO YES—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

 NO YES—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

 NO YES—Record cause in chart

Interviewer Instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer Instruction:
If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 1	Step 2			Step 3		Age
Cause	Loss of consciousness (LOC)/knocked out			Dazed/Mem Gap		
	No LOC	< 30 Min	30 Min-24 hrs	Yes	No	
Blasts		X				X 18-23

If more injuries with LOC How Many? _____ Longest knocked out? _____ How many < 30 mins? _____ Youngest age? _____

Step 2	Typical event		Most Severe event			Age		
Cause of repeated injury	Dazed/memory gap, no LOC	LOC	Dazed/memory gap, no LOC	LOC < 30 min	30 Min-24 hrs	LOC > 24 hrs	Begin	Ended
Blasts- see above								18-23
Drug OD x 2- See below								23

Step 3

Interviewer Instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

Repeat Blasts and OD x 2

If yes, what was the typical or usual effect -- were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

Memory Loss

How old were you when these repeated injuries began?

Ended?

Step 3	Medication (Y/N)		Hospitalization (Y/N)		Age
Medical procedure	Yes	Yes	Yes	Yes	16
Drug OD x 2	Narcan	No	No	No	23

Step 4

Interviewer Instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct".

 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

 NO YES—Record cause in chart

Med procedure and OD x 2
- Have you ever been electrocuted or struck by lightning?

 NO YES—Record cause in chart
- Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".

 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?

 NO YES—Record cause in chart
- Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

 NO YES—Record cause in chart

SCORING CRITERIA

Classifying Worst Injury (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.
POSSIBLE ABI	If any responses are marked in Step 4 = YES.

When there is a positive screening result for a potential acquired brain injury, be sure to provide the following information in a constructive, reassuring way:

- Reassure them that just because there may be a potential BI, does not mean they have a you or a brain injury professional can refer to healthcare professional who could make a formal diagnosis.
- Since we now know about this history, maybe there is something that can be done to help
- Their family may need to know so they can better understand what your experiencing
- This information may help them to obtain accommodations for the effects of a potential BI

What To Do Next?

When the individual screens positive for a possible brain injury:

Refer the client a local brain injury professional or to Brain Injury Association of America (1.800.444.6413 or www.biausa.org). They may refer the client out to seek diagnostic clarification and possible treatment recommendations:

- Primary Care Physician (PCP)
- Neurologist
- Physical Medicine & Rehabilitation (PM&R) Doctor
- Neuropsychologist

Key Points to Remember

- This is **NOT** a diagnostic tool, it is simply a screening tool for brain injury.
- Diagnosis may come from a licensed and qualified professional.
- This measure, and the results of this measure, do NOT inform the screener if the individual has a disability associated with his/her brain injury and if so, how the disability may affect the individual being screened.

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<http://ohiovalley.org/informationeducation/screening/index.cfm>

<http://ohiovalley.org/tbi-id-method/>

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Questions?



Thank you!